

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	M	JC86U	6/10/01
RESPONSE FORMALITY REVIEW	CH	825	7/26/01
9/27/01			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral).... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	1 10/10/01
Original	2 10/10/01
	3 10/10/01
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23	✓ 10/10/01
24	✓ 10/10/01
25	✓ 10/10/01
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49	✓ 10/10/01
50	✓ 10/10/01

Claim	Date
Final	1 10/10/01
Original	2 10/10/01
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	4 10/10/01
	5 10/10/01
51	✓ 10/10/01
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Claim	Date
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Original	102
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If more than 150 claims or 10 actions  
staple additional sheet here

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22876  
6/26/01  
523  
04-22